
APPLICATION FOR MARYLAND INDUSTRIALIZED BUILDING INSIGNIAS

Date: _____

Manufacturer Information:

***Manufacturer:** _____

***Contact Persons Name:** _____

***Address:** _____

***Phone Number & Email Address:** _____

Note: Insignias will be mailed to Approved Testing Facility's (ATF) Contact Person, Shown Below, Only.

ATF Information:

***ATF Name:** _____

***Contact Persons Name:** _____

***Address:** _____

***Phone Number & Email Address:** _____

***FEDEX Account # to be billed:** _____

***Occupancy Type of Modular Buildings, Number of Insignias Applied, and Applicable Fees:**

A. NONRESIDENTIAL BUILDINGS

Requirement: One for Each Individual Modular Unit

(*Note:* For panelized closed construction, one Insignia for each increment (or part of) of 1,000 square feet of building floor area.)

Number of Insignias Applied: _____ @ \$90 = \$_____

B. RESIDENTIAL BUILDINGS

Requirement: One for Each Individual Modular Unit

Number of Insignias Applied: _____ @ \$50 = \$_____

Optional for Residential Buildings:

A Manufacturer may elect to use a different type of Insignias (\$65 each) for a floor area of 1,200 sq. ft. or less; for additional floor area above 1,200sq. ft., additional insignias of the same type are required for each increment, or part, of 500 sq. ft. If a manufacturer wishes to use this type of insignias, this option should be selected at time of Manufacturer's new or renewal application.

Number of Insignias Applied: _____ @ \$65 = \$_____

C. Note: Insignias Are Non-Refundable

Total Amount of Check \$_____ Check Date _____ Check # _____

Make Checks Payable to:
DEPARTMENT OF LABOR

Mail both Application & check to the Following Address:

Building Codes Administration
Division of Labor and Industry
Maryland Department of Labor
PO BOX 37303
Baltimore MD,21297